



Clinical Edit Criteria Proposal

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Drug/Drug Class: Date: Prepared for: Prepared by:		te: November 16, 2005		
		Missouri Medicaid		
New Criteria			Revision of E	Existing Criteria
Executive S	umm	ary		
Purpose:	Ensure appropriate utilization and control of Combunox [©] (oxycodone and ibuprofen combination tablets).			
Why was this Issue Selected:	ssue of abuse, gastrointestinal bleed, dizziness, and nausea, mirror the s			
	The combination product is 30% more expensive than the MAC'd individual products filled separately.			
Program- specific information:	• Co	Drug ombunox [®]	Dosage Form 5mg–400mg tab	Cost per Dosage Form \$1.5000 AWP
Setting & Population:	All pa	atients.		
Type of Criteria:	□ Inc	creased risk of ADE	⊠ Non-Pre	ferred Agent
	⊠Ар	propriate Indications		

Data Sources:

☐ Only administrative ☐ Databases + Prescriber-supplied

Setting & Population

• Drug for review: Combunox® (oxycodone and ibuprofen tablets)

Age range: All ages

• Gender: Male and female

Approval Criteria

Patient is unable to take generic tablet due to:

• Documented ADE/ADR to individual ingredient generic tablet therapy, or

• Trial and failure of individual oxycodone and ibuprofen tablet therapy in the past 45 days.

Denial Criteria

· Failure to meet approval criteria.

References

- 1. Facts and Comparisons, p.798 806. 2005.
- 2. USPDI, Micromedex, 2005.
- 3. Forest Pharmaceuticals, Inc., "Combunox.com", St.Louis, MO. May 2005.

